

SERIAL NUMBER 09/392,024	FILING DATE 09/08/99	CLASS 514	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. FG0810
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APPLICANT BRUCE L. RISER, MARSHALL, MI; MARK DENICHILO, DALY CITY, CA.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED PROVISIONAL APPLICATION NO. 60/099,471 09/08/98  
PN PROVISIONAL APPLICATION NO. 60/112,855 12/16/98

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED  
PN-N/A

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED  
PN-N/A

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/23/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MI	SHEETS DRAWING 18	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 5
Verified and Acknowledged <u>PN</u> Examiner's Initials Initials					

ADDRESS MARIETTE A LAPIZ  
FIBROGEN INC  
225 GATEWAY BLVD  
SOUTH SAN FRANCISCO CA 94080

TITLE METHOD FOR DETECTING, PREVENTING, AND TREATING RENAL DISORDERS BY  
MODULATING, REGULATING, AND INHIBITING CONNECTIVE TISSUE GROWTH  
FACTOR

FILING FEE RECEIVED \$523	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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